



MISSOURI DEPARTMENT OF REVENUE
PROPERTY TAX CREDIT

2004
FORM
MO-PTS

Attachment Sequence No. 1040-07 and 1040P-01

THIS FORM MUST BE ATTACHED TO FORM MO-1040 OR FORM MO-1040P.

NAME	LAST NAME	FIRST NAME	INITIAL	BIRTHDATE	SOCIAL SECURITY NO.
	SPOUSE'S LAST NAME	FIRST NAME	INITIAL	BIRTHDATE	SPOUSE'S SOCIAL SECURITY NO.

QUALIFICATIONS	You must check a qualification to be eligible for a credit. Check only one. Copies of letters, forms, etc., must be included with claim.	
	<input type="checkbox"/> A. 65 years of age or older (Attach a copy of Form SSA-1099.)	<input type="checkbox"/> C. 100% Disabled (Attach a copy of the letter from Social Security Administration or Form SSA-1099.)
	<input type="checkbox"/> B. 100% Disabled Veteran (Attach a copy of the letter from Department of Veteran's Affairs.)	<input type="checkbox"/> D. 60 years of age or older and received surviving spouse benefits (Attach a copy of Form SSA-1099.)

FILING STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married — Filing Combined <input type="checkbox"/> Married — Living Separate for Entire Year	If married filing combined, you must report both incomes.
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Failure to provide proper supporting documentation (rent receipt(s), tax receipt(s), 1099(s), W-2(s), etc.) will result in denial or delay of your claim. Items listed below in color MUST be attached to claim if that line has an amount entered on it.

1. Enter the amount of income from Form MO-1040, Line 6, OR Form MO-1040P, Line 4.	1	00
2. Enter the amount of social security benefits received by you and/or your minor children before any deductions and/or the amount of social security equivalent railroad retirement benefits. Attach Form SSA-1099 and/or RRB-1099	2	00
3. Enter the total amount of pensions, annuities, dividends, rental income, or interest income not included in Line 1. Include tax exempt interest from Form MO-A, Part 1, Line 6 (if filing Form MO-1040). Attach Forms W-2(s), 1099(s), 1099-R(s), 1099-DIV, 1099-INT, 1099-MISC, etc.	3	00
4. Enter the amount of railroad retirement benefits (not included in Line 2) before any deductions. Attach Form RRB/1099-R (Tier II). If filing Form MO-1040, refer to Form MO-A, Part 1, Line 8.	4	00
5. Enter the amount of veteran's payments or benefits before any deductions. Attach letter from Veteran's Affairs.	5	00
6. Enter the total amount received by you and/or your minor children from: public relief, public assistance, SSI, child support, or Temporary Assistance (TA) payments. Attach letter from SSA, letter from Social Services, letter from DCSE, letter from DFS, if applicable.	6	00
7. Enter the amount of nonbusiness loss(es). You must include nonbusiness losses in your household income (as a positive amount) here. (Include capital loss from Federal Form 1040, Line 13 or Federal Form 1040A, Line 10.)	7	00
8. TOTAL household income — Add Lines 1 through 7. Enter total here.	8	00
9. Enter \$2,000 if you are married and filing a combined claim with your spouse. Otherwise, enter "0".	9	- 00
10. Net household income — Subtract Line 9 from Line 8. If the total is over \$25,000, no credit is allowed. Do not file this claim.	10	00
11. If you owned your home, enter the total amount of real estate tax that you paid for your home less special assessments. Attach a copy of PAID real estate tax receipt(s). If your home is on more than five acres or you own a mobile home, attach Form 948, Assessor's Certification.	11	00
12. If you rented your home, enter the amount from Form MO-CRP(s), Line 8 in the box to the right. (If total yearly rent is more than Line 8, attach rent payment explanation.) Attach rent receipt(s) for each rent payment or the entire year; or a statement from your landlord, or copies of cancelled checks (front and back) along with Form MO-CRP. 00 x 20% =	12	00
13. Total tax and/or rent — Add Lines 11 and 12 and enter the total or \$750, whichever is less.	13	00
14. Apply Lines 10 and 13 to the chart on pages 29 and 30 to figure your Property Tax Credit. You must use the chart to see how much credit you are allowed. Enter this amount on Form MO-1040, Line 37 OR Form MO-1040P, Line 20.	14	00

THIS FORM MUST BE ATTACHED TO FORM MO-1040 OR FORM MO-1040P.



MISSOURI DEPARTMENT OF REVENUE
CERTIFICATION OF RENT PAID FOR 2004

2004
FORM
MO-CRP

• Read instructions. • Print or type.
Failure to provide landlord information will result in denial or delay of your claim.

1. SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURITY NUMBER		ARE YOU RELATED TO YOUR LANDLORD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN.	
2. NAME			3. LANDLORD'S NAME, SOCIAL SECURITY NO., OR FEIN		
ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)			LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE (MUST BE COMPLETED)		
CITY, STATE, AND ZIP CODE			4. LANDLORD'S PHONE NUMBER ()		
5. RENTAL PERIOD DURING YEAR		FROM: MONTH	DAY	YEAR	TO: MONTH DAY YEAR
				2004	
6. Enter your gross rent paid. Attach rent receipt(s) for each rent payment or the entire year, a statement from your landlord, or copies of cancelled checks (front and back). If receiving assistance, enter the amount of rent YOU paid.					6 00
7. Check the appropriate box and enter the corresponding percentage on Line 7. <input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% <input type="checkbox"/> B. MOBILE HOME LOT — 100% <input type="checkbox"/> C. BOARDING HOME / RESIDENTIAL CARE — 50% <input type="checkbox"/> D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% <input type="checkbox"/> E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% <input type="checkbox"/> F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income.) <input type="checkbox"/> G. SHARED RESIDENCE — If you shared your rent with relatives and/or friends (other than your spouse or children under 18), check the appropriate box and enter percentage. Additional persons sharing rent/percentage to be entered: <input type="checkbox"/> 1 (50%) <input type="checkbox"/> 2 (33%) <input type="checkbox"/> 3 (25%)					7 %
8. Net rent paid — Multiply Line 6 by the percentage on Line 7. ENTER HERE AND IN THE BOX ON FORM MO-PTS, LINE 12 OR FORM MO-PTC, LINE 10.					8 00

MO 860-1089 (11-2004)

For Privacy Notice, see the instructions.



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